

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 285

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1509 No. 10th St. Holland Nursing Home		e. STREET ADDRESS (If rural, give location) 1412 North 22nd St. 01170	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Hawks			4. DATE OF DEATH (Month) (Day) (Year) Jan 13- 56		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 28, 1884		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 24 Hrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Read		13b. MOTHER'S MAIDEN NAME Ann McAnerny	
14. NAME OF HUSBAND OR WIFE Everett A. Hawks		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Rex Walters		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	

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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH two days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardio-vascular disease		several years	
		DUE TO (c) Old inter-trochanteric fracture of left hip (healed)		June 1955	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221 F		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1955, to 1-12-1956, that I last saw the deceased alive on 1-12-56, 1956, and that death occurred at 5:15a m., from the causes and on the date stated above.

23a. SIGNATURE E. H. Anderson		(Degree or title) (C) M.D.		23b. ADDRESS 311 Physician & Surgeons Bldg., St. Joseph, Mo.	
23c. DATE SIGNED 1-13-56					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 16, 56		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. Jan 16, 1956		REGISTRAR'S SIGNATURE Esther M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. Sidenfaden St Joseph Mo	
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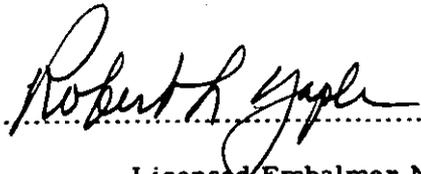
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.